



Licensing Division
P.O. Box 989002 (916) 445-7724
West Sacramento, CA 95798-9002



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES
APPLICATION FOR INSTRUCTOR PERMIT

This information is required pursuant to Sections 7552.5, 7553.3, and 480 of the Business and Professions Code and section 432.7 of the Labor Code and will be used to determine your eligibility for certification. All information is mandatory and, if not completed, will lead to rejection of the application.

Application or Certification fees shall not be refunded.

PLEASE TYPE OR PRINT CLEARLY

1. Type of Certification	<input type="checkbox"/> Firearm Instructor	<input type="checkbox"/> Side Handle Baton Instructor	<input type="checkbox"/> Straight Handle Baton Instructor
2. Name: Last	First	Middle	
3. Residence Address	Number and Street	City	State Zip Code
4. Social Security Number	5. Home Telephone Number ()		
6. Training Facility Name and Certificate No.	7. Facility Telephone No. ()		
8. Facility Address	Number and Street	City	State Zip Code
9. Certificates of Professional or Vocation Competence (attach copies)			

ISSUING AUTHORITY

Type of Certificate	(P.O.S.T., Academic, etc.)	Date Received

I declare under penalty of perjury, under the laws of the State of California, that the information given in this application is true and correct, having full knowledge that all statements made and accompanying documents are subject to investigation and that any false or misleading information may be grounds for denial, suspension, or revocation of my certificate.

Signature _____ Date _____

Per California Civil Code, Section 1798.17 (Information Practices Act), the chief of the bureau is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code.